L2100012836

(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								
J DENNIS								
JUL 27 2023								

Office Use Only



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2023 MAY 30 PM 2: 50

COVER LETTER

TO:	Registration Section Division of Corporations		•					
SUBJI	ECT: Padd CCK Rig	Age Assisted I	LIVING Facility LLC					
Dear S	ir or Madam:							
The en	closed Registered Agent/Register	ed Office Change an	d fee(s) are submitted for filing.					
Please	return all correspondence concert	ning this matter to the	e following:					
Ellen	Phillips							
	Name of Person							
BusinessRegistration.org								
	Firm/Company							
1117	N Milwaukee Ave Ste B11							
	Address							
Liber	tyville, IL 60069							
	City/State and Zip C	lode						
supp	ort@businessregistration.org	}						
F	-mail address: (to be used for futu	ire annual report not	fication)					
For fur	ther information concerning this	natter, please call:						
Ellen	Phillips	312 at (479 5061					
	Name of Person		Area Code & Daytime Telephone Number					
	STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	R D P	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
	Enclosed is a check for the following amount:							
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy						

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FO LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compar submits the following statement in order to change its registered office or registered agent, or both, in the State Florida.

	me of the limited liability company: <u>Paddock</u>			•	<u>ii;+</u>	J, LLC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(h) <u>Sam</u>	Mailing address of limited (Note: MAY BE POST	•	
	Ocala, FL 34474		Same			
	リートリーント Date of filing/registration in Florida	_	L 2'	1000012836		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	Registered Agent and Registered Office shown on the records of 1200 S PINE ISLAND ROBERTS AND ROBERT PLANTATION, FL 33'324 Registered Office Address (MUST BE FLORIDA STREET) Plantation, FL 33'324 FREGISTERED Agent and/or NEW Registered Agent and/or NEW Registered Agent Agent and/or NEW Registered Agent	ADDRESS	2		2023 MAY 30 PM 2: 50 -	FILED SCORFTARY OF STATE SCOR CORPORATIONS
	St. Petersburg	33702				
the cha agent v was/we	imited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members cles of organization or the operating agreement of the	f the registability economics of the limited l	stered office ompany, it is sited liability liability con	e and the business offi is hereby confirmed the y company or as other	ice of t at the	the register change(s)

Frederick Franket ESQ
Signature of a member or authorized representative of a member

Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

natified in writing of this change.

David Roberts - Assistant Secretary

Signature of Registered Agent